

Date of Crash 09/27/2020 Time of Crash 0126 24HR City/Town WILMINGTON Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Form with 4 numbered sections (1-4) for location details. Section 1: Route# Direction Name of Roadway/Street At. Section 2: Route# Direction Name of Intersecting Roadway/Street Also at Intersection with. Section 3: Route# Direction Name of Intersecting Roadway/Street. Section 4: Route# Direction Name of Roadway/Street Address # Name of Roadway/Street. Includes fields for Feet NSEW of, Mile Marker, Exit Number, Route# Intersecting Roadway/Street, and Landmark.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 20-206-AC

Operator and Owner information. License # S38967747 St MA DOB/Age. Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement. Operator WOODLAND, ZACHARY J Address 72 FRANKLIN ST City STONEHAM State MA Zip 02180-1865 Insurance Company GOVERNMENT EMPLOYEES INSU. Vehicle Action Prior to Crash 1 22. Event Sequence 35 23 23 23 23. Most Harmful Event 35 24. Driver Contributing Code 10 25 97 25. Driver Distracted by 5 26. Damaged Area Code: 1 27 2 27 3 27. Test Status: 3 28. Type of Test: 2 29. BAC Test Result: 2 30. Susp. Alcohol: 2 31 Susp. Drug: 1 32. Towed from scene? 1 33.

Table for operator and occupants. Columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1.

Please Select One of the Following: [] Vehicle 2 Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

Operator and Owner information for second vehicle. License #, St, DOB/Age, Sex, Lic. Class, Lic. Restrictions, CDL Endorsement, Operator, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for operator and occupants for second vehicle. Columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1.

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 1 30 **LOWELL ST**
 Feet of _____ or _____ Mile Marker _____ Exit Number _____
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 1 1 _____
 Feet of _____ Route# Intersecting Roadway/Street _____
 2 1 _____
 Feet of _____
 Landmark _____

Please Select One of the Following: Vehicle 15 #Occupants Hit/Run Moped Crash Report ID# **20-207-AC**

License # **S20492158** St **MA** DOB/Age _____ Reg # **1HLY15** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2010** Veh Make **MERCURY** Veh Config. **1** 21
 Operator **FLYNN, RYAN P** Owner **FLYNN, MARK J**
 Address **6 KERN DR** Address **6 KERN DR**
 City **BILLERICA** State **MA** Zip **01821-1520** City **BILLERICA** State **MA** Zip **01821-1520**
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 **27** 27
 Vehicle Travel Direction: Responding to Emergency? **2** Event Sequence **30** 23 **23** **23** **23** Test Status: _____
 Citation # (If Issued) _____ Most Harmful Event **30** 24 Type of Test: _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **6** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
			<input type="checkbox"/>	3	1	4	0	0	10	1	
			<input type="checkbox"/>	4	1	4	0	0	10	1	
			<input type="checkbox"/>	5	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 1 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **1HLY15** Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: _____
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	1							
			<input type="checkbox"/>	6	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-207-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4
Route# Direction BURLINGTON AVE Name of Roadway/Street
At
Route# Direction MAIN ST Name of Intersecting Roadway/Street
Also at Intersection with
2 1
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped | Crash Report ID# **20-208-AC**

License # _____ DOB/Age _____ Reg # **1BTW38** Reg Type **PC** Reg State **MA**
Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement
Operator _____ Owner **HUNT, KATHERINE L**
Address _____ Address **341 WHIPPLE RD**
City _____ State **MA** Zip **01876-3539**
Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 **2** 27 **1** 27
Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
			<input checked="" type="checkbox"/>	M	3	1	4	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S61982356** St. **MA** DOB/Age _____ Reg # **7LN831** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement
Operator **CONSIDINE, MAXWELL MEETAN** Owner **CONSIDINE, MAXWELL MEETAN**
Address **153 ALDRICH RD** Address **153 ALDRICH RD**
City **WILMINGTON** State **MA** Zip **01887-2226** City **WILMINGTON** State **MA** Zip **01887-2226**
Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 **27** 27
Vehicle Travel Direction: **N** **S** **E** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 25 BAC Test Result: **1** 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **1** 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **MIDDLESEX AVE** Route# Direction Name of Roadway/Street
 At
CHURCH ST Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 **CHURCH ST** Route# Direction Name of Intersecting Roadway/Street
 3 Feet **N S E W** of _____ of _____ or _____ Mile Marker Exit Number
 Feet **N S E W** of _____ Route# Intersecting Roadway/Street
 Landmark

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-209-AC**

5 License # **S24605264** St **MA** DOB/Age _____ Reg # **729GK2** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **TOROSIAN, JOHN DANIEL** Owner **TOROSIAN, JOHN DANIEL**
 Address **2 CLIFF ST** Address **2 CLIFF ST**
 City **MALDEN** State **MA** Zip **02148-1807** City **MALDEN** State **MA** Zip **02148-1807**
 Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **6** 27 27 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

7 4 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S93509993** St **MA** DOB/Age _____ Reg # **36XY49** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **MIELE, SHERYL A** Owner **MIELE, SHERYL A**
 Address **16 DORCHESTER ST** Address **16 DORCHESTER ST**
 City **WILMINGTON** State **MA** Zip **01887-2207** City **WILMINGTON** State **MA** Zip **01887-2207**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

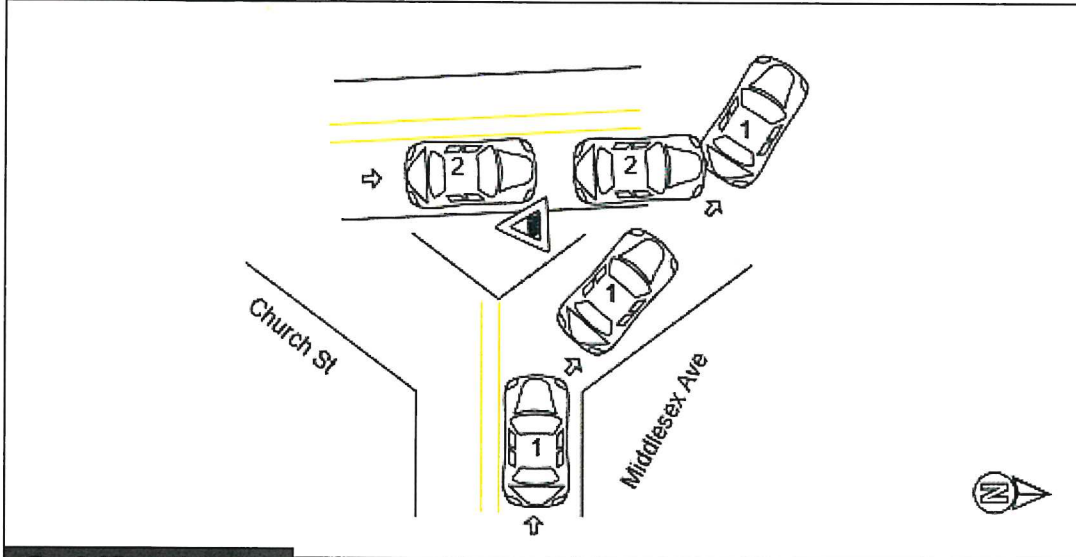
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

MV 1 stated he was driving on Middlesex Ave approaching the y-intersection of Middlesex Ave and Church St. MV 1 continued straight on Middlesex Ave. MV 2 stated she was attempting to turn left onto Middlesex Ave. No injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kevin J Skinner

200

Wilmington Police Department

10/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/02/2020	Time of Crash 1734 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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<div style="border-bottom: 1px solid black; padding: 2px;"> Route# _____ Direction _____ HORSESHOE LN Name of Roadway/Street </div> <div style="text-align: center; padding: 2px;">At</div> <div style="border-bottom: 1px solid black; padding: 2px;"> Route# _____ Direction _____ WEST ST Name of Intersecting Roadway/Street </div> <div style="text-align: center; padding: 2px;">Also at Intersection with</div> <div style="border-bottom: 1px solid black; padding: 2px;"> Route# _____ Direction _____ Name of Intersecting Roadway/Street </div>	<div style="border-bottom: 1px solid black; padding: 2px;"> Route# _____ Direction _____ Address # _____ Name of Roadway/Street </div> <div style="text-align: center; padding: 2px;"> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ </div> <div style="border-bottom: 1px solid black; padding: 2px;"> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street </div> <div style="border-bottom: 1px solid black; padding: 2px;"> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street </div> <div style="border-bottom: 1px solid black; padding: 2px;"> Landmark _____ </div>
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 20-210-AC
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License # S61841518 St. MA DOB/Age. _____ Sex F Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator PEFINE, YVONNE M Address 2232 HORSESHOE LN APT 232 City WILMINGTON State MA Zip 01887-2297 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 5642YK Reg Type PC Reg State MA Veh Year 2003 Veh Make VOLKSWAGEN Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner PEFINE, YVONNE M Address 2232 HORSESHOE LN APT 232 City WILMINGTON State MA Zip 01887-2297 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 18 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 7 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 2 <input type="checkbox"/> 27 <input type="checkbox"/> 3 <input type="checkbox"/> 27 <input type="checkbox"/> 4 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	99	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A	Type <input type="checkbox"/> 15	Action <input type="checkbox"/> 16	Location <input type="checkbox"/> 17	Condition <input type="checkbox"/> 18	Hit/Run <input type="checkbox"/>	Moped <input type="checkbox"/>
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License # S26580421 St. MA DOB/Age. _____ Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator DILLENZO, ROBERT M SR Address 35 WOOD ST City E WOBURN State MA Zip 01801-3709 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 6GRX70 Reg Type PC Reg State MA Veh Year 2014 Veh Make FORD Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner DILLENZO, ROBERT M SR Address 35 WOOD ST City E WOBURN State MA Zip 01801-3709 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	99	4	0	0	10	1	

Date of Crash 10/02/2020 Time of Crash 2018 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ or _____ Mile Marker Exit Number

Feet N S E W of _____ Route# Intersecting Roadway/Street

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-211-AC**

License # **S31551001** St. **MA** DOB/Agmt _____ Reg # **8JB777** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2006** Veh Make **VOLKSWAGEN** Veh Config. **1**

Operator **PERROTTI, ANTHONY J** Owner **PERROTTI, ANTHONY J**

Address **9 OAKWOOD RD** Address **9 OAKWOOD RD**

City **WILMINGTON** State **MA** Zip **01887-1736** City **WILMINGTON** State **MA** Zip **01887-1736**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **27** **27** **27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **9360172** St. **ME** DOB/Agmt _____ Reg # **MARCY** Reg Type **PC** Reg State **ME**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1**

Operator **COLLINS, MARCY L** Owner **COLLINS, MARCY L**

Address **63 BONNEY RD** Address **63 BONNEY RD**

City **CANTON** State **ME** Zip **04221** City **CANTON** State **ME** Zip **04221**

Insurance Company **LM GENERAL INSURANCE** Vehicle Action Prior to Crash **3** Damaged Area Code: **3** **27** **27** **27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **32**

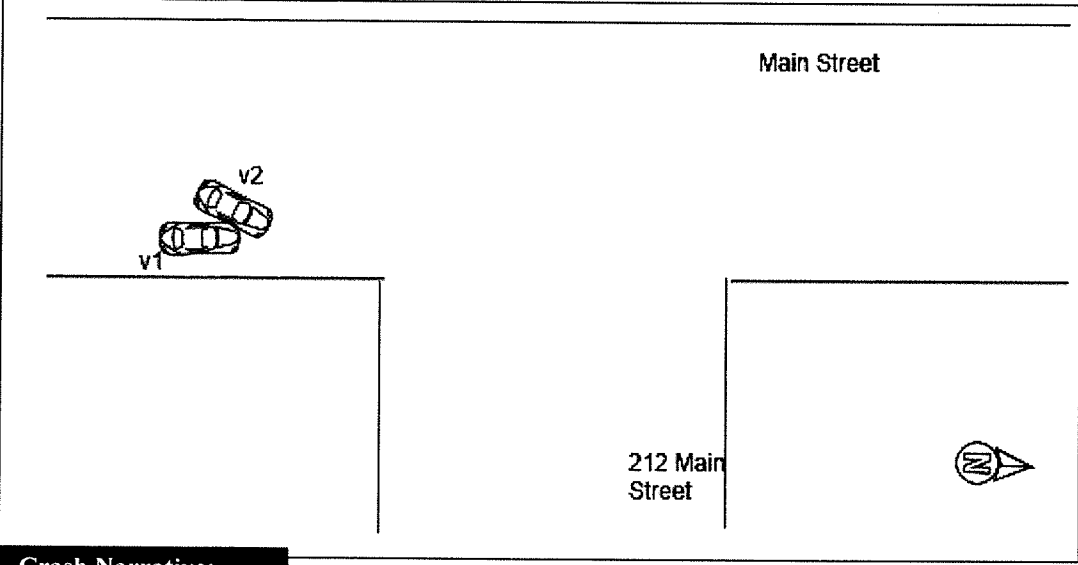
Towed from scene? **2** **33**

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow

Crash Narrative:

The Driver of V1 was driving North in the right lane on Main Street, which is a two lanes northbound. He stated that V2, that was in the left lane pulled in front and into his car. The driver of V2 stated that she was driving northbound in the left lane. She saw Mcdonalds, and decided that she wanted to pull in. She did not see V1, changed lanes turning right and pulled in front and into the side of his car, causing the accident.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Brian D Thornton 190 Wilmington Police Department 10/02/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 Route# Direction Name of Roadway/Street **38 S 433 MAIN ST**
 At _____
 Route# Direction Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 2 1 Route# Direction Name of Intersecting Roadway/Street _____
 _____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____
 _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet N S E W of _____
 Landmark _____

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-212-AC**

4 3 License # **S20457044** St **MA** DOB/Age _____ Reg # **2LMV11** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **SULLIVAN, MARY GRACE** Owner **SULLIVAN, MARY GRACE**
 Last First Middle Last First Middle
 Address **151 MAIN ST** Address **151 MAIN ST**
 City **WILMINGTON** State **MA** Zip **01887-3509** City **WILMINGTON** State **MA** Zip **01887-3509**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 **5** 27 **27** 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 **23** 23 **23** 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: _____
 5 1 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

6 1 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	9	1	

7 2 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S28428323** St **MA** DOB/Age _____ Reg # **1GKA18** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2015** Veh Make **Jeep** Veh Config. **1** 21
 Operator **BLONIGEN, GARY M** Owner **BLONIGEN, GARY M**
 Last First Middle Last First Middle
 Address **52 CUNNINGHAM ST** Address **52 CUNNINGHAM ST**
 City **WILMINGTON** State **MA** Zip **01887-1365** City **WILMINGTON** State **MA** Zip **01887-1365**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 **27** 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 **23** 23 **23** 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: _____
 9 2 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

9 2 Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 1 Direction At Name of Roadway/Street 38 S 433 MAIN ST

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 3 #Occupants Hit/Run Moped | Crash Report ID# 20-212-AC

License # S25842017 St MA DOB/Age Reg # FF762 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement Veh Year 2012 Veh Make NISSAN Veh Config. 1 21

Operator CECCHINI, ROBERT F Owner CECCHINI, ROBERT F

Address 3 SUSAN TER Address 3 SUSAN TER

City WOBURN State MA Zip 01801-2387 City WOBURN State MA Zip 01801-2387

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
NANCY CECCHINI	3 SUSAN TER WOBURN, MA 01801	10/19/1955	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # St DOB/Age Reg # Reg Type Reg State

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21

Operator Owner

Address Address

City State Zip City State Zip

Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) Most Harmful Event 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

